

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026643

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1847

STATE FILE NUMBER

FILED JUL 1 1963

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Normandy

Length of stay in lb  
5 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION O'Sullivan Nus. Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Ferguson

d. STREET ADDRESS (If outside, give location) 353 S. Dellwood Dr.

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
ADELAIDE M. GUARIGLIA

4. DATE OF DEATH Month Day Year  
June 6 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/12/1894

9. AGE (last birthday) 68

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

CHARLES BUERK

13b. MOTHER'S MAIDEN NAME

ROSE STRECKER

14. NAME OF HUSBAND OR WIFE

CHARLES GUARIGLIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

17. INFORMANT Address  
Charles Guariglia 353 S. Dellwood Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
6 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral Arterio

DUE TO (c) Sclerosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 62 to June 63 and last saw her alive on June 1 63

Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
H. H. Sweeney MD

22b. ADDRESS Northland Med

22c. DATE SIGNED 6-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE June 10, 1963

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG. 6-8-63

26. REGISTRAR'S SIGNATURE

BUCHHOLZ MORTUARY 5967 W. FLORISSANT AVE.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 4031

2 4009

3

4 1

5 1

6

7 0

8 2

9 332X

10

11

12 86-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ralph C. Linders*

Licensed Embalmer No.

4225

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.